

State of Idaho  
DEPARTMENT OF HEALTH AND WELFARE  
Division of Medicaid

**Bureau of Facility Standards**  
**INFORMATIONAL LETTER #89-2**

**DATE:** January 27, 1989  
**TO:** Administrators  
Skilled Nursing Facilities  
**FROM:** Jean Schoonover, R.N., Chief  
Bureau of Facility Standards  
**SUBJECT:** TB Skin Testing

There has been some confusion regarding what is acceptable procedure for surveillance for tuberculosis. The Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities in Idaho, January 1, 1988, address this issue at §16.02.2105,08 for employees and the same procedures apply to patients/residents.

Any person employed by the facility or any patient admitted to the facility must have a TB skin test or provide to the facility the results of a TB skin test taken within 30 days prior to employment or admission. A chest X-ray alone is not acceptable. A chest X-ray along with the physician's statement that the patient or employee is a known positive reactor is acceptable.

If a patient or employee tests positive when admitted or employed who has not previously tested positive, then a chest X-ray must be done. No subsequent chest X-rays are necessary.

After once establishing the results of a TB skin test (or in the case of a known positive reactor who has a chest X-ray) for either the patient or employee, no further testing is necessary unless a patient or employee should be discovered to convert from negative to positive. This discovery could occur through physician physical exams that lead him to retest for some reason. If this should occur, it is advisable to retest all employees and patients.

These procedures were set forth by the Center for Disease Control in Atlanta, Georgia and with assistance from Fritz Dixon, M.D., Chief of the Bureau of Preventive Medicine of this Department.

Jean Schoonover, R.N., Chief  
Bureau of Facility Standards

JS/nh